



Application for provisional registration

Type: **Re-entry to practice**

Profession: **Nursing and Midwifery**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for persons who are not registered and do not meet the requirements of the *Registration standard: Recency of practice* and wish to apply for provisional registration to undertake a re-entry to practice pathway.

Recency of practice requirements apply to nurses and midwives, whether they are currently registered or not, who have not practised in their profession within the past five years for a period of 450 hours.

It is important that you refer to the Nursing and Midwifery Board of Australia's (the NMBA) registration standards, codes, guidelines and policy documents before completing this application. These documents can be found www.nursingmidwiferyboard.gov.au

 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.
-  **Mail document(s) directly to Ahpra**
Requires delivery of documents by an organisation or the applicant.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Application inclusions

1. What profession are you applying to for re-entry to practice?

Mark all options applicable to your application

- Registered nurse Enrolled nurse Midwife

SECTION B: Personal details



The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

2. What is your name and date of birth?

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth DD / MM / YYYY



If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the NMBA. For more information, see *Change of name* in the *Information and definitions* section of this form.



3. What are your birth details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)
 VIC NSW QLD SA WA NT TAS ACT

Sex*
 MALE FEMALE INTERSEX/ INDETERMINATE

Languages spoken fluently other than English (optional)*

SECTION C: Proof of identity

i You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.
 You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

4. Are you applying for registration from outside of Australia AND unable to provide evidence from each category? YES NO **Go to the next question**

Attachment required below – then go to Section D: Contact information

You **must** attach a certified copy of a foreign passport (an EU card is not acceptable).
 Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.

5. Which documents from each category will you provide for proof of identity?

i You **must** only use each document once.
 The documents provided **must** meet the following criteria:

- At least **one** document must be in the applicant’s current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

Choose proof of identity documents to submit: (A document may only be used once for any category)

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian financial institution account	NA	NA	<input type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian Medicare card	NA	NA	<input type="checkbox"/>
ImmiCard	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input type="checkbox"/>
Australian motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian insurance policy	NA	NA	<input type="checkbox"/>
Foreign passport	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input type="checkbox"/>
Australian Working with Children/ Vulnerable People Card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Category D documents			
Australian firearms or shooter’s licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian student ID card	NA	<input type="checkbox"/>	<input type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input type="checkbox"/>
Intl. or foreign motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian rate notice			<input type="checkbox"/>
Australian proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Current Australian lease or tenancy agreement			<input type="checkbox"/>
Australian government benefits	NA	NA	<input type="checkbox"/>	Australian utility account			<input type="checkbox"/>
Australian academic transcript	NA	NA	<input type="checkbox"/>	Australian electoral enrolment card			<input type="checkbox"/>
Australian registration certificate	NA	NA	<input type="checkbox"/>				

You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.



SECTION D: Contact information



The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

6. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours	Mobile
<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>
After hours	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/>	
Email	
<input style="width: 100%;" type="text"/>	

7. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
City/Suburb/Town*	
<input style="width: 100%; height: 20px;" type="text"/>	
State or territory (e.g. VIC, ACT)/ International province*	Postcode/ZIP*
<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>
Country (if other than Australia)	
<input style="width: 100%; height: 20px;" type="text"/>	

8. Is the address of your principal place of practice the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

YES NO *Provide your Australian principal place of practice below*

Site/building and/or position/department (if applicable)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
City/Suburb/Town*	
<input style="width: 100%; height: 20px;" type="text"/>	
State/Territory* (e.g. VIC, ACT)	Postcode*
<input style="width: 60%; height: 20px;" type="text"/>	<input style="width: 40%; height: 20px;" type="text"/>



9. What is your mailing address?

Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

_____ _____

Country (if other than Australia)

SECTION E: Qualifications for the profession(s)

The information items in this section marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

If you are seeking re-entry to practice for both nursing and midwifery, you **must** provide details about **both** professions.

10. What are the details of your qualifications and examinations/assessments?

For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Most recent qualification and examination/assessments

Title of qualification*

Name of institution (University/College/Examining body)*

Country

Start date Completion date* Profession applicable to

MM / YYYY MM / YYYY Nurse Midwife

You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of **all** of the qualifications mentioned in this form.



Additional qualification and examination/assessments

Title of qualification*

Name of institution (University/College/Examining body)*

Country

Start date

 /

Completion date*

 /

Profession applicable to

 Nurse Midwife


You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of **all** of the qualifications mentioned in this form.



Attach a separate sheet if all of your qualifications do not fit in the space provided.

11. Have you completed any postgraduate qualifications?



For more information, see *Certifying documents* in the *Information and definitions* section of this form.

YES *Provide details below*

NO

Postgraduate qualification details

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date

 /

Completion date

 /

Profession applicable to

 Nurse Midwife


Attach a separate sheet if all of your qualifications do not fit in the space provided.

12. How many years did you practice in the profession after gaining your initial qualification?

Years of practice (whole years only)

Profession

 Nursing Midwifery

SECTION F: Registration history



If you are seeking re-entry to practice for both nursing and midwifery, you **must** provide details about **both** professions.

13. What is your health practitioner registration history?



If you have been registered outside of Australia, the NMBA requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously, been registered as a health practitioner **during the past five years**.

Most recent registration

State/Territory/Country

Period of registration

 / / to / /

Profession applicable to

 Nurse Midwife


Attach a separate sheet if all your registration history does not fit in the space provided.



If you have been registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.
Refer to www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address.



SECTION G: Registration status

14. When did you last practice?

Nursing

Date

 /

Midwifery

Date

 /

SECTION H: Re-entry to practice

15. Have you previously held, or do you currently hold, a sole qualification in:

- mental health
- paediatric, or
- disability nursing?

YES

NO

Mark all options applicable to your application



Mental health



Paediatric



Disability nursing



You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of **all** of the qualifications mentioned in this form.

16. Have you previously held endorsements in the division you are seeking re-entry to practice in?

YES

NO

Provide details below

.....

.....

.....

17. Are you seeking to hold the endorsement upon re-entry to practice?

YES

NO

SECTION I: Work history



If you are seeking re-entry to practice for both nursing and midwifery, you **must** provide details about **both** professions.



You **must** complete and submit the standards for practice mapping template. The mapping template can be found with the re-entry to practice supporting documents at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice.

18. What is your full practice history?



You must attach to your application a **signed and dated** curriculum vitae that describes your full practice history. The information contained in your curriculum vitae will further inform the NMBA in relation to your recency of practice.

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- include evidence of continuing professional development as per the NMBA's *Continuing professional development registration standard*, found at www.nursingmidwiferyboard.gov.au/Registration-Standards
- include whether the position was full-time or part-time (part-time positions require the hours of work per week to be listed)
- specify the profession of the position (nursing or midwifery)
- detail how you have maintained your involvement and connection with the profession(s) (e.g. list membership with professional associations, professional network etc.)
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at www.ahpra.gov.au/cv



SECTION J: Return to practice

19. What type of practice do you intend to return to?

Choose appropriate option

Clinical
 Non-clinical

20. Have you undertaken any programs or other courses in preparation for your re-entry to practice?

For more information, see *Certifying documents* in the *Information and definitions* section of this form.

YES **Provide details below** NO

Program/course details

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date Profession applicable to

/
 /
 Nurse Midwife

You **must** attach a certified copy of **all** your academic qualifications and examinations/assessments mentioned in this form.

Additional program/course details

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date Profession applicable to

/
 /
 Nurse Midwife

You **must** attach a certified copy of **all** your academic qualifications and examinations/assessments mentioned in this form.

Attach a separate sheet if all your program or course details do not fit in the space provided.

SECTION K: Suitability statements

Information required by the NMBA to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the NMBA to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the NMBA's registration standards. Refer to www.nursingmidwiferyboard.gov.au/Registration-Standards for further information.

21. Do you have any criminal history in Australia?

It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES NO

You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.



22. Do you have any criminal history in one or more countries other than Australia?

NO **Go to the next question**

YES **You are required to:**

- **obtain an international criminal history check from an approved vendor for each country and provide details below, and**
- **provide details of your criminal history in a signed and dated written statement.**

i For more information, see *Criminal history* in the *Information and definitions* section of this form.

If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

Country	Check reference number

- You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.
- You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.
- You **must** attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.

23. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

NO **Go to the next question**

YES **You are required to obtain an international criminal history check from an approved vendor for each country and provide details below**

i If you answer **Yes** to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

Country	Check reference number

- You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.
- You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

24. Have you previously been registered to practise as a nurse or midwife in Australia and have used English as your primary language within the past five years?

i All applicants for registration, which includes all applicants who have not used English as their **primary language** for a period of greater than five years (as at date of application), must demonstrate they meet the *English language skills registration standard*.

YES I declare I have used English as my primary language within the past five years. **Go to question 29**

NO **Go to the next question**



All applicants must demonstrate English language competency via one of the following pathways. The full requirements for each pathway are detailed in the NMBA English language skills registration standard at www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills.

i Help on how to provide the evidence requirements for each pathway is detailed in the evidence requirements guide available at www.ahpra.gov.au/EnglishLanguageSkills. *Recognised country* means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

Primary language pathway

English is your primary language and:

- you have attended and satisfactorily completed at least six years of primary and secondary education taught and assessed solely in English, in a recognised country including at least two years between years 7–12, and
- your qualification which you are relying on to support your eligibility for registration under the National Law was taught and assessed solely in English in a recognised country.

Extended education pathway (registered nurses and midwives)

You must provide evidence that you have successfully completed at least five (5) years (full-time equivalent) continuous education taught and assessed solely in English, in a recognised country, which includes tertiary qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the National Law.

Extended education pathway (enrolled nurses)

You must provide evidence that you have successfully completed at least five (5) years (full-time equivalent) continuous education taught and assessed solely in English, in a recognised country, which includes vocational qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the National Law.

English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the NMBA's *English language skills registration standard*.

25. Which one of the English language competency pathways do you meet?

i Ahpra may verify the information you provide below. For more information, see *English language skills* in the *Information and definitions* section of this form. If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Education/Approved-Programs-of-Study

- Primary language pathway (this is a declaration that English is your primary language)**
Provide details of your primary, secondary, vocational and/or tertiary education in the table below, **then go to question 29**
- Extended education pathway (registered nurse and/or midwife)**
You must provide details of your secondary, vocational and/or tertiary education (which includes your tertiary qualifications in the relevant professional discipline) in the table below, **then go to question 29**
- Extended education pathway (enrolled nurse)**
You must provide details of your secondary, vocational and/or tertiary education (which includes your vocational qualifications in the relevant professional discipline) in the table below, **then go to question 29**
- English language test pathway**
You do not need to complete the table below. **Go to question 26**

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM YYY Y	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM YYY Y	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM YYY Y	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM YYY Y	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM YYY Y	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM YYY Y	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				



28. Were your results from the above-mentioned English language tests obtained in the past two years?

YES NO 

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in an NMBA-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

29. Do you commit to having appropriate professional indemnity insurance (PII) arrangements in place for all practice undertaken during the registration period?



For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form.

YES NO 

You must not practise the profession unless you are covered by appropriate PII arrangements in accordance with the requirements of the NMBA.

30. Will you be performing exposure-prone procedures in your practice?



Exposure prone procedures (EPPs) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker. These procedures include those where the healthcare worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. For example a midwife repairing an episiotomy or a perioperative nurse surgical assistant involved in open surgical procedures that meet the above criteria.

The CDNA has developed guidance on exposure-prone procedures in *Guidance on classification of exposure prone and non-exposure prone procedures in Australia 2017* available online at

<https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en>

You can seek additional information about whether you perform exposure-prone procedures from your relevant organisation in *Appendix 2* of the national guidelines.

YES **Go to the next question**NO **Go to question 32**

31. Do you commit to comply with the *Australian National Guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*?



This includes testing for HIV, Hepatitis C and Hepatitis B at least once every three years. Testing for Hepatitis B is not necessary if you have demonstrated immunity to HBV through vaccination or resolved infection.

YES NO

32. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?



For more information, see *Impairment* in the *Information and definitions* section of this form.

YES NO 

You **must** attach to this application details of any impairments and how they are managed.

33. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES NO 

You **must** attach to this application details of any registration suspension or cancellation.



34. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any cancellation, refusal or suspension.

35. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES

NO



You **must** attach to this application details of any conditions, undertakings or limitations.

36. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?



Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

YES

NO



You **must** attach to this application details of any disqualifications.

37. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

YES

NO



You **must** attach to this application details of any conduct, performance or health proceedings.



SECTION L: Obligations and consent



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
 - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
 - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
 - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
 - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
 - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
 - a) a change in the practitioner's principal place of practice;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
 - a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

I authorise Ahpra and the NMBA to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the NMBA,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002* (Cth),
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the NMBA for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.



Consent

If I provide the NMBA details of an English language test I have completed, I authorise the NMBA to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

I consent to the NMBA and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I acknowledge that:

- the NMBA may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I undertake to comply with all relevant legislation and NMBA registration standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

I confirm that I have:

- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration in the knowledge that a false statement is grounds for the NMBA to refuse registration.

Signature of applicant



SIGN HERE

Name of applicant

Date

 / /

SECTION M: Payment

You are required to pay **BOTH** an application fee and a registration fee.

Application fee:	+	Registration fee:	=	Amount payable:
\$318		\$185		\$503
				Applicants must pay 100% of the stated fees at the time of submitting the application.

Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

38. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out

Amount payable

Visa or Mastercard number

Expiry date

 /

Name on card

Cardholder's signature

 SIGN HERE



SECTION N: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 4	A certified copy of a foreign passport	<input type="checkbox"/>
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 10	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the NMBA	<input type="checkbox"/>
Question 10	Separate sheet(s) with your additional qualification details	<input type="checkbox"/>
Question 11	Separate sheet(s) with your additional postgraduate qualification details	<input type="checkbox"/>
Question 13	A separate sheet with additional registration details	<input type="checkbox"/>
Question 13	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 15	Certified copies of all relevant qualifications you previously held, or currently hold, in mental health, paediatric or disability nursing	<input type="checkbox"/>
Section I	Your standards for practice mapping document(s)	<input type="checkbox"/>
Question 18	Your curriculum vitae	<input type="checkbox"/>
Question 20	Certified copies of all of your relevant qualifications approved or considered to be equivalent by the NMBA	<input type="checkbox"/>
Question 20	A separate sheet with additional program or course details	<input type="checkbox"/>
Question 21	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 22	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 22	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 22 & 23	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 23	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 25	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 25	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
Question 27	Copy of your English language test results	<input type="checkbox"/>
Question 28	Certified copy of your English language test results	<input type="checkbox"/>
Question 28	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
Question 32	A separate sheet with your impairment details	<input type="checkbox"/>
Question 33	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 34	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
Question 35	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
Question 36	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 37	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>

Please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

You may contact Ahpra on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001
 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Information and definitions

AUSTRALIAN NATIONAL GUIDELINES FOR THE MANAGEMENT OF HEALTHCARE WORKERS LIVING WITH BLOOD BORNE VIRUSES AND HEALTHCARE WORKERS WHO PERFORM EXPOSURE PRONE PROCEDURES AT RISK OF EXPOSURE TO BLOOD BORNE VIRUSES

The Communicable Diseases Network Australia (CDNA) has published these guidelines. The following is a summary of the requirements in the CDNA guidelines:

Healthcare workers who perform exposure prone procedures (EPPs) must take reasonable steps to know their blood-borne virus (BBV) status and should be tested for BBVs at least once every three years. They are also expected to:

- have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition
- have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus acquisition
- cease performing all EPPs if diagnosed with a BBV until the criteria in the guidelines are met, and
- confirm that they comply with these guidelines when applying for renewal of registration if requested by their board.

Practitioners who are living with a blood-borne virus and who perform exposure-prone procedures have additional requirements. They are expected to:

- be under the ongoing care of a treating doctor with relevant expertise
- comply with prescribed treatment
- have ongoing viral load monitoring at the appointed times
- not perform EPPs if particular viral load or viral clearance criteria are not met (see detailed information in the guidelines according to the specific BBV)
- seek advice regarding any change in health condition that may affect their fitness to practise or impair their health
- release monitoring information to the treating doctor
- if required, release de-identified information to the relevant area of the jurisdictional health department/Expert Advisory Committee, and
- if required, release health monitoring information to a designated person in their workplace in the event of a potential exposure incident to assess the requirement for further public health action.

Additional information can be found in the CDNA *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* available online at <https://www.health.gov.au/resources/collections/cdna-national-guidelines-for-healthcare-workers-on-managing-bloodborne-viruses?language=en>

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation that you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard Marriage Certificate (ceremonial certificates will not be accepted)
- Deed Poll
- Change of Name Certificate

Faxed, scanned or emailed copies of certified documents will not be accepted.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD is a requirement of registration even if you are not working or are working overseas. You must complete at least 20 hours of CPD per profession each year. This must be relevant to your context of practice. If you were granted registration less than 12 months ago, your CPD requirements will be based on how many months you have been registered:

- 0–3 months, at least 5 hours
- 3–6 months, at least 10 hours
- 6–9 months, at least 15 hours or
- more than 9 months, at least 20 hours.

You must keep evidence of your participation. For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the guidelines at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history since you last registered with the NMBA as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The NMBA will decide whether a health practitioner's criminal history is relevant to the practice of the profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf.

But if you have not given us certified proof of identity documents since October 2019, you will need to do this first. Any documents containing a photograph must be annotated with the statement '*I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.*'

You may be required to obtain international criminal history reports.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

ENGLISH LANGUAGE SKILLS

To be eligible for registration, you **must** be able to provide evidence of English language skills that meet the NMBA's *English language skills registration standard*, which can be found at www.nursingmidwiferyboard.gov.au/Registration-Standards

INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterisk (*) indicates the information that will be displayed on the online public register of practitioners.

If you believe that publishing information about you on the public register would pose a serious risk to your health or safety as a practitioner, please



complete an *Application to exclude information from the public register – AEPR-00* available at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

IMPAIRMENT

The National Law defines impairment as ‘a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession**’.

But an illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples of what you do not need to declare include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on the safe and effective delivery of services in the profession and/or use of their professional skills.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise the profession in Australia without PII. You must maintain it through your own private cover, your Australian employer or another third party, and ensure you understand it.

But you are not required to hold PII if you are unemployed or working overseas.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards

REGENCY OF PRACTICE

You must maintain an adequate connection with your profession and regularly practise it after you qualify for or receive your registration. For nurses and midwives this means you have practised for at least 450 hours over the last 5 years. The NMBA's recency of practice requirements also apply to an endorsement for scheduled medicines or as a nurse practitioner.

If you are unable to meet the recency of practice requirements the NMBA requires you to submit evidence to support your re-entry to practice. Re-entry to practice may require you to complete specific education and/or supervised practice.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the re-entry to practice policy at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice